PTO/SB(06 (08-03)

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WALL PRINCE HER CONTROL OF 1995, no persons are required to respond to a collection of information united it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information united it displays a valid OMB control number. 41742696 PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Cohemn 1) RATE FEE MUMBER EXTRA RATE MAMBER FILED FOR BASIC FEE OR DT CFR 1.18(1) TOTAL CLAIMS (37 CFR 1.18(4)) Ø OR minus 20 🕶 INTERENDENT CLAIMS OR OR (37 CFR 1.15(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR TOTAL TOTAL \* If the difference in column 1 is less than zero, enter "O" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY SMALL ENTITY (Caturn 3) 2111105 (Cotumn 2) (Cotumn 1) HIGHEST CLAIMS ADDI-TIONAL RATE PRESENT ADDS REMAINING NUMBER TIONAL EXTRA EVIOUSLY FEE AMENDMENT PAID FOR <u> , 50</u> . 20 x : 25 iB Total profit 1.14cg OR Minus . 100 . × 2000 = OR + 33/00 +.180 -FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM. (37 CFR 1.16(0)) OR TOTAL TOTAL ADO'L FEE ADO'L FEE ΩR (Calumn 3) (Calumn 2) HIGHEST CLAIMS REMADIING RATE ADDI-TIONAL FEE ADOI-PRESENT RATE NUMBER TIONAL PREVIOUSLY EXTRA AFTER FEE AMENDMENT PAID FOR Total gar orst 1,14kg 20 Ø OR 4 0 x 1 OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(0)) TOTAL TOTAL ADD'L FEE ADD'L FEE OR 6/OS (Cotenn 1) (Catuma 2) (Column 3) HIGHEST CLAIMS ADDI-TIONAL RATE PRESENT AODI-TIONAL ပ REMAINING MINISER PREVIOUSLY EXTRA AFTER FEE ENDMENT FEE AMENDMENT PAID FOR Minus 20 OR Q (27 CFR 1.19pt) OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(6)) TOTAL ADO'L FEE OR ADO'L FEE

\* If the artry in column 1 is less than the entry in column 2, write "0" in column 3.

" If the Trighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

" If the Trighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the This collection or information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the INSPITO to process) an application. Confidentially is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPITO. Time will vary depending upon the Individual case. Any comments in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NDT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.